

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial)

John House, MD

Mailing Address 2100 W 3rd St
House Ear Clinic

City State Zip Code
Los Angeles CA 90057-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
House Ear Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 7

Transaction ID: C315629

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mark Howell, MD

Mailing Address 215 E Watauga Ave

City State Zip Code
Johnson City TN 37601-4671

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 7

Transaction ID: C278603

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Joe Huerta, MD

Mailing Address 6565 E Carondelet Dr
Ste 300

City State Zip Code
Tucson AZ 85710-2158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 7

Transaction ID: C272828

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)